

**Application for Louisiana Revenue Account Number**

P.O. Box 201  
Baton Rouge, LA 70821-0201  
(225) 219-7318

**For office use only.**

Date of application \_\_\_\_\_

**1. A. Sales/ Use**

- ☐ General Business  
☐ Statewide Hotel/Motel  
☐ Jefferson Parish Hotel/Motel  
☐ Orleans Parish Hotel/Motel  
☐ Orleans Parish Restaurant  
☐ N.O. Airport Food Establishments

**B. ☐ Withholding**

- C. ☐ Vehicle Rental Excise**  
**D. ☐ Severance**  
**E. Oil and Gas Classification**  
☐ Taxpayer Only  
☐ Producer Only  
☐ Producer/Taxpayer

**F. ☐ Other****2. Reason for applying**

- A. ☐ Started new business C. ☐ Other (specify) \_\_\_\_\_  
 B. ☐ Purchased ongoing business: Name of previous owner \_\_\_\_\_

**3. Indicate the account number you use for each tax filed with the Louisiana Department of Revenue.**LA Corp. Tax Number None ☐

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LA Sales Tax Number None ☐

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LA Excise Taxes Number None ☐

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LA Withholding Tax Number None ☐

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LA Severance Tax Number None ☐

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LA Natural Resource Number None ☐

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**4. A. Legal name(s)**

B. Trade name of business \_\_\_\_\_

Telephone \_\_\_\_\_

**5. A. Business location address (NO P.O. Box or General Delivery)**

B. City and state \_\_\_\_\_ C. ZIP \_\_\_\_\_

**6. A. Address for receiving tax forms and correspondence (If same location, write "same").**

B. \_\_\_\_\_ C. \_\_\_\_\_ D. \_\_\_\_\_ E. ☐ Additional mailing address(es) attached  
 City and state ZIP Telephone

**7. Type of organization:** A. ☐ Individual B. ☐ Partnership C. ☐ Corporation D. ☐ Governmental E. ☐ Nonprofit F. ☐ Other**8. U.S. NAICS Code (required)**

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**9. Federal Employer ID Number**

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None ☐**10. If sole owner (individual): Name**

Home address \_\_\_\_\_

SSN

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Telephone \_\_\_\_\_

**11. If corporation or partnership: name, title, Social Security Number, home address, and telephone number of officers or partners**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

SSN

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Telephone ( ) \_\_\_\_\_

SSN

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Telephone ( ) \_\_\_\_\_

**12. A. Louisiana Charter Number (if known)**

B. State of incorporation (if not Louisiana) \_\_\_\_\_

**13. Permits -Sellers of liquor, beer, or wine (wholesale or retail), must obtain a permit from the Office of Alcohol and Tobacco Control. A permit from the Louisiana State Police Gaming Division must be obtained by sellers of lottery tickets or operators of video poker games. Indicate permit number(s) that you currently hold.**

A. Lottery Permit Number \_\_\_\_\_ B. Expiration Month/Year \_\_\_\_\_

Alcohol Permit Number \_\_\_\_\_ Expiration Month/Year \_\_\_\_\_

VPG Permit Number \_\_\_\_\_ Expiration Month/Year \_\_\_\_\_

**14. A. Corporation Income/Franchise: Date charter filed with Louisiana Secretary of State**

Mo.	Day	Yr.	Domestic	Foreign	Fiscal Month
			B.		C.

**15. Sales or Use Tax: Date business begins operation from this location**

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**16. Withholding Tax: (See instructions.) Select filing frequency. ☐ quarterly ☐ monthly ☐ semi-monthly**

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**17. Severance Tax: Select filing frequency. ☐ quarterly ☐ monthly ☐ 45-day**

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**18. Description of business:**

**I affirm that the information given on this application is true and correct.**

Signature of applicant

Title

Signature of preparer

Date

